



IRIS Enrollment Form

Return the completed form to the Idaho Immunization Program

DIRECTIONS: Please complete this Enrollment Form to register for access to **IRIS**.

Organization Name: _____ VFC Program Pin # _____ (will be assigned)

Organization Address: _____

County, City, & Zip Code: _____

Mailing Address (if different than above): _____

Immunization Contact Name: _____ Contact Title: _____

Phone #: (____)-____-____ Fax #: (____)-____-____ Internet e-mail address: _____@_____

Your Office's Current Computer Hardware Setup:

Windows version: _____

Internet Browser: _____
(Compatible with Internet Explorer)

Browser Version: _____
(Recommend at least 7.0)

IRIS Access: Please complete the following information for the staff person(s) responsible for vaccine ordering for your organization. Also, provide the following information for anyone in your organization needing access to **IRIS**. (If anyone listed below leaves your organization, you must notify the **IRIS** help desk to remove the staff member).

Vaccine Ordering (Yes or No)	First Name	Last Name	Access (View or Add/Edit)

Vaccine Delivery Hours and Special Instructions: Please circle the days vaccine deliveries will be accepted and enter the delivery times for each day circled.

Special Shipping Instructions: _____

DAYS	HOURS OF DELIVERY		
Monday	AM	to	PM
Tuesday	AM	to	PM
Wednesday	AM	to	PM
Thursday	AM	to	PM
Friday	AM	to	PM
Saturday	AM	to	PM
Sunday	AM	to	PM